

<b>Case Number:</b>	CM14-0101295		
<b>Date Assigned:</b>	09/22/2014	<b>Date of Injury:</b>	09/25/1995
<b>Decision Date:</b>	10/21/2014	<b>UR Denial Date:</b>	06/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/01/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The application for independent medical review was signed on June 27, 2014; request is for eight myofascial treatments. Per the records provided, the claimant was described as a 48-year-old man injured back in the year 1995. The patient was treated for chronic low back pain. As of May 20th, the pain was rated as to out of 10 and it was constant and aching. He was not working due to recent neck surgery. He was working full-time prior. Objectively, there was tenderness to the lumbar spine and facet joints and there was decreased range of motion. The patient was diagnosed with lumbago, disc degeneration of the lumbar sacrum and radiculitis. Myofascial treatments have been helpful and it reportedly allowed him to continue working full time with no restrictions. There is a reevaluation in November 2008 the reports that the patient had been treated with biweekly myofascial releases and massage treatments. The initiation date was not provided. The patient was working full time with no restrictions and reported pain medications.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**8 Myofascial Treatments:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98.

**Decision rationale:** Myofascial treatments are a passive form of physical therapy. The MTUS does permit physical therapy in chronic situations, noting that one should allow for fading of treatment frequency (from up to 3 visits per week to 1 or less). After several documented sessions of therapy, it is not clear why the patient would not be independent with self-care at this point. Also, there are especially strong caveats in the MTUS/ACOEM guidelines against over treatment in the chronic situation supporting the clinical notion that the move to independence and an active, independent home program is clinically in the best interest of the patient. The request for 8 Myofascial Treatments is not medically necessary.